EXHIBIT E – PART 5

Case 1:05-cv-00245-JJF-LPS Document 151-26 Filed 12/07/2007 Page 2 of 21 SEA STAR LINE, LLC COMBINED INLAND / OCEAN LONG FORM BILL OF LADING, NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

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SHIPPER/EXPORTER (COMPL			TAX BOND NO.	BL NO. SJUHAW215E	LZ046	Date: 05/13/02		
BAXTER HEALTHCAR PO BOX 2002 M0047	E CORP. OF PR (S. 17	JU05000)	EXPORT REFERENCES	HU569N0270				
CATANO PR 00962			BOOKING NUMBER		SHIPPER RV80839	REFERENCE NO.		
CONSIGNEE (COMPLETE NAME BW MONTGOMERY C/O ALLEGIANCE 390 COUNTY HIGWAY MONTGOMERY NY 12:	(USA11111) ′99	DE)	SALES AGENT OR ICC (Com	plete Name, Address ar	nd Zip Code) FR			
NOTIFY PARTY (COMPLETE NAI BAXTER HEALTHCARE C/O SCHNEIDER LOGIS SUGAR GROVE	E (USA03930)	, TELEPHONE AND FAX NOS.	ALSO NOTIFY, ROUTING OR	: INSTRUCTIONS				
PIER SAN JUAN, PR		PLACE OF RECEIPT				····		
VESSEL VOY, NO HAWAII 215 N	, TONT OF LOADING			RIGIN	VESSEL)			
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY	FINAL DESTINATION OF GOO MONTGOMERY, NY					
	:	PARTICULARS FURNISHED	BY SHIPPER					
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES	AND GOODS	GR	OSS WEIGHT	MEASUREMEN		
UNIT NO: NPRU655542 SHIPPER LOAD AND CO	1 45HC	STC: 44 PALLETS MEDICAL DEVICES ** TR/DR			27,511			
Carrier's \$500 limitation of Rubility per container what evolves	Modern Carried Land and date for China	FREIGHT C			OPY NON-N			
24 on the reverse aide or shipper salects Options (A) or (B) b Ad Velorem - if Shipper declares a value in the space provide Shipper's cargo. Declared Value \$ Insurance Coverage - See Clause 23 on the reverse side and requests Shipper's Innerest cargo insurance at the applicable.	od, Carrier's \$500 kimitation per container w	will not apply, and carrier will charge the Ad Valorem rate for	The state of the s		:CHNEIDER (I CES	USA03930)		
es [] No insured Value \$	ses chaped by Cartor.		TARIFF ITEM NUMBER	CHARG	ES	TOTAL		
the to Clause #4 of Conditions, if the shipment is to be delivered to Clause #4 of Conditions, if the shipment with the certies shall not make delivery of this shipment with the certies shall not make delivery of the shipment with the certies indicated, the certies indicated to the shipment of the shipment of the property of the certies indicated the	GOODS HERE IN MENTIONED IN APPA WIDED. CARRIER HAS NOT INSPECTE INSSHIPMS OF THE GOODS ARE SUB. IE INTERSTATE COMMERCE COMMISS.	Signature of Consignor Consignor PARENT GOOD ORDER AND CONDITION, UNLESS ED CONTENTS OR SAID SEALED PACKAGES.	OC FRT NORTHBOUND BUNKER SURCHARGE PT AUTH FEE	1 1,	136.00 125.00 15.00	1,136.00 125.00 15.00		
REVISED 2/02	BYSE	EA STAR LINE, LLC		то-	TAL CHARGE	ES: 1,276.00		

SHIPPER/EXPORTEIR (COMPI		ED INLAND / OCEAN LONG FOR	TAX BOND NO.	BL NO. SJUELM26		Date:
BAXTER HEALTHCAR PO BOX 2002 M0047	E CORP. OF PR (SJ		EXPORT REFERENCES	GU585N06		05/13/02
CATANO			BOOKING NUMBER	!	SHIPPER RV#8084	REFERENCE NO. 1
CONSIGNEE (COMPLETE NAM		E)	SALES AGENT OR IC	C (Complete Name, Addre	ess and Zip Code) FF	EIGHT BROKER LI
CA ONTARIO DC (REL C/O ALLEGIAMCE 551 E PHILAD ELPHIA ONTARIO, CA 91761						
NOTIFY PARTY (CON#PLETE NA	ME, ADDRESS, ZIP CODE,	TELEPHONE AND FAX NOS.	ALSO NOTIFY, ROUT	ING OR INSTRUCTIONS		
					,	
					·····	
PIER SAN JUAN, PR		PLACE OF RECEIPT	·			
VESSEL VOY. NO FLAG PORT OF LOADING EL MORRO 260 N UNITED STATES SAN JUAN, PR			POINT AND COUNTRY	YOFORIGIN		
PORT OF DISCHARGE JACKSONVILLIE, FL		PLACE OF DELIVERY ONTARIO, CA	FINAL DESTINATION ONTARIO, CA	OF GOODS (NOT VESSE	L)	
		PARTICULARS FURNISHED	BY SHIPPER			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES	AND GOODS		GROSS WEIGHT	MEASUREMEN
UNIT NO: GESU400032 1 40HC SEAL 1: 025892		STC: 48 PALLETS 1,850 PIECES MEDICAL DEVICES			36,614	
		TK/DR	•		•	·
				[,	
						٠
				ļ		
SHIPPER LOAD AND C	DUNT	FREIGHT (COLLECT		COPY NON-N	EGOTIABLE
Carrier's \$500 limitation of liability peer container shall apply, 24 on the reverse side or shipper sudjects Options (A) or (B)	unless Carrier's tariff providers for Shipper's below.	interest cargo insurance with limits specified in Clauses 23 and	DAY.	TER HEALTHCARE C		USA03930)
Ad Valorem - If Shipper declares a water in the space provid Shipper's carge. Declared Value	led, Carrier's \$500 limitation per container wi	finol apply, and center will charge the Ad Valorom rate (or	POE	ISTICS PAYMENT SE BOX 2000 AR GROVE	RVICES	
finaurance Coverage - See Clause #3 on the reverse side and requests Shipper's Interest cargo insurance at the applicable Ven. 1. 1 No. 1 operand Volume \$	d applicable tariff to determine whether Ships retes charged by Carrier.	on's cargo can be insured. If cargo can be insured, Shipper	IL 60	0554		
Yes []No Insured Value \$			TARIFF ITEM NUMBER	i	ARGES	TOTAL
ubject to Clause #4 of Conditions, if the shipment is to be deliver accoment: The carrier shall not make dislivery of this shipment w	and to the consigned which is accurate on the invited payment of freight and all other lawful	e consignor, the consignor shall sign the following charges. Signature of Consignor	OC FRT NORTHBOUND BUNKER SURCHARGE	1 1	1,549.00 125.00	1,549.00 125.00
ECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN THERWISE INDICATED, TO BE SHIPPED AS HEREIN PRO	GOODS HERE IN MENTIONED IN APPA	RENT GOOD ORDER AND CONDITION, UNLESS	PT AUTH FEE	1	15.00	15.00
IE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRA ICK HEREOF, AND CARRIERS TARRETS ON FILE WITH YE				•	•	
ASHINGTON D.C. WITNESS WHEREOF, THE CARREER OR ITS AGENT HAS .TE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHE		L(S) OF LADING, ALL OF THE SAME TENOR AND				
			, ,			
REVISED 2/02	BYSE	A STAR LINE, LLC			TOTAL CHARGE	ES: 1,689.00

	CV-00245-JJF	LPS Document 19	51-26 Filed 12/0	17/2007 F	Page 4 of	21
SEA STAR LINE,		INED INLAND / OCEAN LONG FORM	BILL OF LADING NOT NEGOTIA TAX BOND NO.			RDER"
SHIPPER/EXPORTER (COMPLI BAXTER HEALTHCARE				SJUHAW215E	LZ047	05/13/02
PO BOX 2002 M0047	7	,	EXPORT REFERENCES	HU569N0270		
CATANO PR 00962			BOOKING NUMBER SHIPPER REFERENCE NO. RV80842			
CONSIGNEE (COMPLETE NAME BW MONTGOMERY (C/O ALLEGIANCE 390 COUNTY HIGWAY MONTGOMERY NY 125	USA11111) 99	ODE)	SALES AGENT OR ICC (Comp.	olete Name, Address a	nd Zip Code) FR	EIGHT BROKER LIC
NOTIFY PARTY (COMPLETE NAME BAXTER HEALTHCARE C/O SCHNEIDER LOGIS SUGAR GROVE	(USA03930)	E, TELEPHONE AND FAX NOS.	ALSO NOTIFY, ROUTING OR	INSTRUCTIONS		
P IER SAN JUAN, PR		PLACE OF RECEIPT				Marin M. Since program and an artist of the second
VESSEL VOY. NO HAWAII 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF OR	RIGIN		
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY	FINAL DESTINATION OF GOO MONTGOMERY, NY	DDS (NOT VESSEL)		
		PARTICULARS FURNISHED	BY SHIPPER			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES	AND GOODS	GF	ROSS WEIGHT	MEASUREMEN
UNIT NO: NPRU655579	1 45HC	STC: 44 PALLETS MEDICAL DEVICES •• TR/DR		-	27,058	Art () is a
SHIPPER LOAD AND CO	DUNT	FREIGHT (COLLECT		COPY NON-N	EGOTIABLE
Ad Visionen - If Shipper declares a value: in the space provide Shipper's cargo. Declared Value \$ 1000 STEPPER CONTROL - See Clause 20 de the provide space and space space and space sp	ad, Carrier's \$500 limiteton per contains	per's inferest cargo insurance with limits specified in Clauses Z3 and or will not apply, and carrier will charge the Ad Valorem rate for Shipper's cwayo can be insured. If cargo can be insured, Shipper				USA03930)
requests Shipper's Interest cargo insurance at the applicable es {] No	rates charged by Carriay.		TARIFF ITEM NUMBER	CHAR	GES	TOTAL
joct to Clause M4 of Conditions, if the shapmont is to be delivered. The certiar shall not make delivery of this shipmont we shall be sha	GOODS HERE IN MENTIONED IN A	will charges. Signature of Cansignor	OC FRT NORTHBOUND BUNKER SURCHARGE PT AUTH FEE	1 1 .	1,136.00 125.00 15.00	1,136.00 125.00 15.00

REC IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED DATE, KONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID. REVISED 2-02

SEA STAR LINE	LLC CON	ABINED INLAND / OCEAN LONG FORM	MBILL OF LADING NOT NEGO	TIABLE UNLESS (CONSIGNED "TO	ORDER"
SHIPPER/EXPORTER (COMPI			TAX BOND NO.	BL NO. SJUCRS06	0JAX108	Date: 05/10/02
BAXTER HEALTHCAR PO BOX 2002 M004:	E CORP. OF PR 77	(SJU05000)	EXPORT REFERENCES	GU585N068	80	
CATANO, PR 00962	·		BOOKING NUMBER		SHIPPE RV#80	ER REFERENCE NO.
CONSIGNEE (COMPLETE NAM		CODE)	SALES AGENT OR ICC (C	omplete Name, Addre	ss and Zip Code)	FREIGHT BROKER LIC
LA ONTARIO DC (REL C/O ALLEGIANCE 4551 E. PHILADELPHI ONTARIO, CA 91761	•					
NOTIFY PARTY (COMPLETE NA	ME, ADDRESS, ZIP CO	DDE, TELEPHONE AND FAX NOS.	ALSO NOTIFY, ROUTING	OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR	,	······································		
VESSEL VOY. NO CRUSADER 060 N	FLAG UNITED STATES	PORT OF LOADING S SAN JUAN, PR	POINT AND COUNTRY OF	ORIGIN		
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY ONTARIO, CA	FINAL DESTINATION OF CONTARIO, CA	GOODS (NOT VESSEI	L)	
		PARTICULARS FURNISHED	BY SHIPPER			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES	AND GOODS		GROSS WEIGH	HT MEASUREMENT
UNIT NO: NPRU655557 SEAL 1: 026010	1 45HC	STC: 38 PALLETS 2,068 PIECES MEDICAL DEVICES ** TR/DR			8,24	14
SHIPPER LOAD AND ¢		FREIGHT (COPY NON	-NEGOTIABLE
, (A) a (D)		hisper's interest cargo insurance with limits specified in Clauses 23 and taken with not apply, and carries will charge the Ad Valorem sale for	PAYABLE AT/BY: LOGIST PO BOX	R HEALTHCARE C ICS PAYMENT SE (2000 GROVE		(USA03930)
Insurance Coverage - See Clinize 23 on the reverse side at requests Shipper's interest cargo insurance at the applicable Yes [] No Insured Value \$	d applicable tariff to determine wheth e rates charged by Carrier.	ner Shipper's cargo can be insured. If cargo can be insured, Shipper	IL 6055	4 .		
ubject to Clause #4 of Conditions, if the shipment is to be defin atoment. The cartier shall not make definery of this shipment	cred to the Consignee without recoun without payment of freight and all other	ise on the consignor, the consignor shall sign the following or fawful charges. Signature of Consignor	TARIFF ITEM NUMBER OC FRT NORTHBOUND BUNKER SURCHARGE PT AUTH FEE	1 1 1	1,726.00 125.00 10.00	1,726.00 125.00 10.00
ECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN THERWISE MONCATED, TO BE SHIPPED AS HEREIN PRIVATE REPORT, CUSTODY, CARRIAGE, DELIVERY, AND THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND THACK HEREOF, AND CARRIERS TARIFFS ON FLE WITH TASHINGTON D.C. WITNESS WHEREOF, THE CARRIER OR ITS AGENT HATTE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHER	ANSSHIPING OF THE GOODS AR HE INTERSTATE COMMERCE CO S SIGNED ORIGI PRS TO STAND VOID.	N APPARENT GOOD ORDER AND CONDITION, UNLESS PECTED CONTENTS OR SAID SEALED PACKAGES. IE SUBJECT TO THE TERMS APPEARING ON THE FACE AND XXMISSION AND/OR THE FEDERAL MARITIME COMMISSION, INAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND		· · · · · · · · · · · · · · · · · · ·		,
REVISEO 2/02	BY	SEA STAR LINE, LLC			TOTAL CHAF	RGES: 1,861.00

SEA STAR LINE,	LLC COM	BINED INLAND / OCEAN LONG FORM	1 BILL OF LADING NOT NEGOTIAI	BLE UNLESS CONSIGNED "T	O ORDER"
SHIPPER/EXPORTER (COMPL	ETE NAME, ADDRESS	S, AND ZIP CODE)	TAX BOND NO.	BL NO. SJUHAW215ELZ050	Date: 05/13/02
BAXTER HEALTHCAR PO BOX 2002 M0047		(SJU05000)	EXPORT REFERENCES	RV80858	*
CATANO ,PR 00962			BOOKING NUMBER IV06525	SHIPI	PER REFERENCE NO.
CONSIGNEE (COMPLETE NAME			SALES AGENT OR ICC (Compl	lete Name, Address and Zip Code)	FREIGHT BROKER LIC.
CV SOLON DC SOLON C/O ALLEGIANCE 5260 NAIMAN PARKW, SOLON OH 44139		1)			
NOTIFY PARTY (COMPLETE NAI BAXTER HEALTHCARE C/O SCHNEIDER LOGI: PO BOX 2000 SUGAR GROVE	E (USA03930))E, TELEPHONE AND FAX NOS.	ALSO NOTIFY, ROUTING OR II	NSTRUCTIONS	
PIER SAN JUAN, PR		PLACE OF RECEIPT		<u></u>	
VESSEL VOY. NO HAWAII 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORI	GIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY SOLON, OH	FINAL DESTINATION OF GOOD SOLON, OH	OS (NOT VESSEL)	
		PARTICULARS FURNISHED	BY SHIPPER		
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES	AND GOODS	GROSS WEIG	GHT MEASUREMENT
UNIT NO: NPRU450151	1 45HC	STC: 46 PALLETS MEDICAL DEVICES ** TR/DR		26,5	521
SHIPPER LOAD AND CO	ii	FREIGHT C			N-NEGOTIABLE
Ad Valorem - if Shipper declares a value in the space provid Shipper's cargo.	, orașe.	tipper's Interest cargo insurance with limits specified in Clauses 23 and	FREIGHT BAXTER HE PAYABLE AT/BY: LOGISTICS PO BOX 200 SUGAR GRO	00	R (USA03930)
Declared Value \$ Insurance Coverage - See Clause 23 on the several side an requests Shipper's Interest cargo insurance at the applicable	od applicable tariff to determine whether	w Shipper's cargo can be insured. If cargo can be insured, Shipper	IL 60554	JVE .	
Yes [] No Insured Value \$	(and risk factor)		TARIFF ITEM NUMBER	CHARGES	TOTAL
ubject to Clause #4 of Conditions, if the shipment is to be delived laterment: The carrier shall not make delivery of this shipment v	without payment of freight and all other t	Signature of Consignor	OC FRT NORTHBOUND BUNKER SURCHARGE PT AUTH FEE	1 1,562.00 1 125.00 1 15.00	1,562.00 125.00 15.00
ASHINGTON D.C.	ANSSHIPING OF THE GOODS ARE: HE INTERSTATE COMMERCE COM	SUBJECT TO THE TERMS APPEARING ON THE FACE AND WANTSCION AND/OR THE FEDERAL MARITIME COMMISSION,			
WITNESS WHEREOF, THE CARRIER OR ITS AGENT HA: ATE, ONE OF WHICK BEING ACCOMPLISHED, THE OTHE	ERS TO STAND VOID.	AL BILL(3) OF LADING, ALL OF THE SAME TENOR AND			
REVISED 2/02	BY	SEA STAR LINE, LLC		TOTAL CHA	RGES: 1.702.00

SEA STAR LINE,	LLC COME	BINED INLAND / OCEAN LONG FORM	BILL OF LADING NOT NEGOTI	IABLE UNLESS CONS	IGNED "TO O	RDER"
SHIPPER/EXPORTER (COMPL		```	TAX BOND NO.	BL NO. SJUHAW215EL2	Z052	Date; 05/13/02
BAXTER HEALTHCAR PO BOX 2002 M0G47		SJU05000)	EXPORT REFERENCES	RV80857		
CATANO ,PR 00962			BOOKING NUMBER		SHIPPER	REFERENCE NO.
CONSIGNEE (COMPLETE NAM	E, ADDRESS, AND ZIP C	ODE)	SALES AGENT OR ICC (Com	npiete Name, Address and	Zip Code) FF	REIGHT BROKER LIC.
GL DEEW DC (US:A1 C/O ALLEGIANCE 3356 WALDEN AVE DEPEW ,NY 14043	1111)	•				
NOTIFY PARTY (COMPLETE NA BAXTER HEALTHCARI C/O SCHNEIDER LOGI	E (USA03930)	E, TELEPHONE AND FAX NOS.	ALSO NOTIFY, ROUTING OF	R INSTRUCTIONS		
PO BOX 2000 SUGAR GROVE		·				
PIER SAN JUAN, PR		PLACE OF RECEIPT				
VESSEL VOY. NO HAWAII 215 Ng	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF O	RIGIN		
PORT OF DISCHARGE PORT ELIZABETH, N.J.		PLACE OF DELIVERY DEPEW, NY	FINAL DESTINATION OF GOODEPEW, NY	ODS (NOT VESSEL)		
		PARTICULARS FURNISHED E	BY SHIPPER	·		·
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES A	AIND GOODS	GRO	SS WEIGHT	MEASUREMENT
UNIT NO: UXXU481008	1 45HC	STC: 34 PALLETS MEDICAL DEVICES ** TR/DR			22,904	
SHIPPER LOAD AND C	TNUC	FREIGHT C	OLLECT	co	PY NON-N	EGOTIABLE
24 on the reverse side of shipper selects Options (A) or (8)	below.	oper's interest cargo insurance with sints specified in Clauses 23 and everyone the specific of the specified of the specifi	PAYABLE AT/BY: LOGISTIC: PO BOX 2			(USA03930)
Declared Value \$	nd applicable turiff to determine whether	Shipper's cargo can be insured. If cargo can be insured, Shipper	SUGAR GI	ROVE		
requests Shipper's interest cargo insurance at the applicable Yes [] No insured Value \$	ratios charged by Carrier.		TARIFF ITEM NUMBER	CHARGE	s T	TOTAL
ubject to Clause #4 of Conditions, if the shipment-is to be dele- tatioment: The carrier shall not make delivery of this, shipment is	without payment of freight and all other la	awful charges. Signature of Consignor	OC FRT NORTHBOUND BUNKER SURCHARGE PT AUTH FEE	1 1,4 1 1	95.00 25.00 15.00	1,495.00 125,00 15,00
ECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN THERRWISE INDICATED, TO BE SHIPPED AS HERREIN PR HE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TR ACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH T ASHINGTON D.C. WITHESS WHEREOF, THE CARRIER OR ITS AGENT HA	OVIDED, CARRIER HAS NOT INSPEC ANSSHIPING OF THE GOODS ARE S HE INTERSTATE COMMERCE COMM	APPARENT GOOD ORDER AND CONDITION, UNLESS CTED CONTENTS OR SAID SEALED PACKAGES. SUBJECT TO THE TERMS APPEARING ON THE FACE AND MISSION AND/OR THE FEDERAL MARITIME COMMISSION, AL BILLIS) OF LADING, ALL OF THE SAME TENOR AND		•		
ATE, ONE OF WHICH BEING ACCOMPLISHED), THE OTH	ERS TO STAND VOID.	Towns, ALCO THE SOIL LEGATION				
REVISED 2/02		SEA STAR LINE, LLC	·	TOT	AL CHARG	ES: 1 635.00

Case 1:05-cv-00245-JJF-LPS Document 151-26 Filed 12/07/2007 Page 8 of 21 SEA STAR LINE, LLC COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

			L TAY BOND NO	In un		
SHIPPER/EXPORTER (COMP			TAX BOND NO.	SJUHAW2	15ELZ048	Date: 05/13/02
BAXTER HEALTHCAR PO BOX 2002 M004	RECORP. OF PR (S. 77	JU05000)	EXPORT REFERENCES	IV06530		
CATANO PR 00962	·		BOOKING NUMBER		SHIPPER	REFERENCE NO.
					RV80868	
CONSIGNEE (COMPLETE NAM		DE)	SALES AGENT OR ICC (C	omplete Name, Addre	ess and Zip Code) FR	EIGHT BROKER LIC.
BW MONTGOMERY D	C (USA11111)	i				
390 COUNTY HIGWAY						
MONTGOMERY NY 12	(549					
NOTIFY PARTY (COMPLETE NA	ME. ADDRESS, ZIP CODE	TELEPHONE AND EAY NOS	ALSO NOTIEV POUTING	OD INSTRUCTIONS		
BAXTER HEALTHCAR	E (USA03930)	THE HOME AND I AN HOU.	ALSO NOTIFY, ROUTING	OR INSTRUCTIONS		
C/O SCHNEIDER LOG PO BOX 2000	ISTICS					
SUGAR GROVE						
PIER SAN JUAN, PR		PLACE OF RECEIPT				
VESSEL VOY. NO FLAG PORT OF LOADING			POINT AND COUNTRY OF	ORIGIN		
HAWAII 215 N	UNITED STATES	SAN JUAN, PR				
PORT OF DISCHARGE PORT ELIZABETH, N.J PLACE OF DELIVERY MONTGOMERY, NY			FINAL DESTINATION OF O	OODS (NOT VESSE	EL)	
		PARTICULARS FURNISHED	BY SHIPPER			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES	AND GOODS		GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650954	1 45HC	STC:	:		12,399	
		44 PALLETS MEDICAL DEVICES				
		TR/DR				
						•
:						
		•	•			
	ļ					
CHIDDED I OAD AND A	OUNT				0071/1101111	
SHIPPER LOAD AND	<u> </u>	FREIGHT C		<u>:</u>	COPY NON-N	EGOTIABLE
24 on the revolve side of snipper selects Options (A) & (6	3) below.	n's interest carge insurance with limits specified in Clauses 23 and	FREIGHT BAXTE PAYABLE AT/BY: LOGIST	R HEALTHCARE	C/O SCHNEIDER ERVICES	(USA03930)
A Ad Valorem - If Shipper declares a value in the space prox Shipper's cargo. Declared Value \$	ridod, Carrier's \$500 Emitation per conteiner	will not apply; and carrier will charge the Ad Valorem rate for	PO BOX SUGAR	X 2000 R GROVE		
Insurance Coverage - See Clause 23 on the rewares side a requests Shipper's interest cargo insurance at the applicat	and applicable tariff to determine whether Sh ble reles charged by Canier.	ripper's cargo can be insured. If cargo can be insured, Shipper	IL 6055	54		
Yes [] No Insured Value \$			TARIFF ITEM NUMBER	C	HARGES	TOTAL
Subject to Clause #4 of Conditions, if the shipment is to be del statement: This carrier shall not make delivery of their shipment	Evered to the Consignee without recourse on I without payment of freight and all other law	n the consignor, the consignor shall sign the following full charges. Signature of	OC FRT NORTHBOUND	1	1,136.00	1,136.00
*****		Consignor	BUNKER SURCHARGE PT AUTH FEE	1 1	125.00 15.00	125.00 15.00
RECEIVED THE GOODS OF PACKAGES SAID: TO CONTA OTHERWISE INDICATED, TO BE SHIPPED ASS MEREIN PI	ROVIDED. CARRIER HAS NOT INSPECT	ED CONTENTS OR SAID SEALED PACKAGES.		•	•	
HE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND T ACK HEREOF, AND CARRIERS TARIFFS ON: FILE WITH VASHINGTON D.C.		HIJECT TO THE TERMS APPEARING ON THE FACE AND SSION AND/OR THE FEDERAL MARJITME COMMISSION,				
NWITHESS WHEREOF, THE CARRIER OR ITS AGENT H ATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTH	AS SIGNED ORIGINAL I	BILL(S) OF LADING, ALL OF THE SAME TENOR AND				
•	94					
REVISED 2/02	BY	SEA STAR LINE, LLC	•		TOTAL CHARG	ES: 1,276.00
			·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

SEA STAR LINE	LLC COMB	INED INLAND / OCEAN LONG FORM	BILL OF LADING NOT NEGOT	TABLE UNLESS (CONSIGNED "TO O	RDER"
SHIPPER/EXPORTER (COMPI BAXTER HEALTHCAR			TAX BOND NO.	BL NO. SJUHAW2	15ELZ051	Date: 05/13/02
PO BOX 2002 M0047		53005000)	EXPORT REFERENCES	RV8086	6	
CATANO ,PR 00962			BOOKING NUMBER		SHIPPER	REFERENCE NO.
CONSIGNEE (COMPLETE NAM	E, ADDRESS, AND ZIP CO	DDE)	SALES AGENT OR ICC (Co	mplete Name, Addre	ss and Zip Code) FR	REIGHT BROKER LIC.
ERIE SCIENTIFIC COM 20 POST ROAD INDUS PORTSMOUTH,NH 038	STRIAL PARK) _.				
NOTIFY PARTY (COMPLETE NA BAXTER HEALTHCARI C/O SCHNEIDER LOGI PO BOX 2000 SUGAR GROVE	E (USA03930)	E, TELEPHONE AND FAX NOS.	ALSO NOTIFY, ROUTING O	R INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT				**************************************
VESSEL VOY. NO HAWAII 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF	ORIGIN		
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY PORTSMOUTH, NH	FINAL DESTINATION OF GO PORTSMOUTH, NH	OODS (NOT VESSE	L)	
		PARTICULARS FURNISHED	BY SHIPPER			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES	AND GOODS		GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU450239	1 45HC	STC: 38 PALLETS MEDICAL DEVICES ** 1ST STOP: 390 COUNTY HWY 9 MONTGOMERY, NY 1: CONTACT: MARGARE	2549		31,356	
		PHONE# 914-457-2231 2ND STOP:20 POST ROAD IND. PORT SMOUTH, NH 0: TR/DR	PARK			
SHIPPER LOAD AND ©	OLINT	EDEIOLET (2011 507		00DV NON N	
 		FREIGHT (COPY NON-N	
24 on the reverse side of shipper selects Options (A) or (B)	below,	or will not apply, and carrier will charge the Ad Valorom rate for	DECTIFIED	CS PAYMENT SE 2000	C/O SCHNEIDER RVICES	(USA03930)
Insurance Coverage - See Clause 23 on the reverse side an requests Shipper's interest cargo insurance at the applicable	d applicable tariff to determine whether S e rates charged by Carrier.	ihipper's cargo can be insured. If cargo can be insured, Shipper	IL 60554			·
Yes 1 No Insured Value \$	· · · · · · · · · · · · · · · · · · ·		TARIFF ITEM NUMBER	СН	ARGES	TOTAL
udject to Clause #4 of Conditions, # the shipment is to be deli- lationent. The carrier shall not make delivery of this shipment is ecceived THE GOODS OF PACKAGES SAID TO CONTAIL THERWISE INDICATED, TO BE SHIPPED AS HEREIN PR	without payment of freight and wif other la	while charges. Signature of Consignor	OC FRT NORTHBOUND BUNKER SURCHARGE PT AUTH FEE	1 1	1,900.00 125.00 15.00	1,900.00 125.00 15.00
	ANSSHIPING OF THE GOODS ARE SI HE INTERSTATE COMMERCE COMM	UBJECT TO THE TEMS APPEARING ON THE FACE AND INSTITUTE THE TEMPLE AND INSTITUTE COMMISSION, LBILLIS) OF LADING, ALL OF THE SAME TENOR AND				
DEVICED 2007	BY	<u> </u>				
REVISED 2/02		SEA STAR LINE, LLC			TOTAL CHARG	ES: 2,040.00

SHIPPER/EXPORTER (COM	PLETE NAME ADDRESS A	VO 710 CODE		ABLE UNLESS CONSIGNED TO C	PER"	
BAXTER HEALTHCA PO BOX 2002 M004	RECORP OF PR /SI	JOS000)	TAX BOND NO.	SJUELY261PEV020	Date:	
CATANO PR 00962				KY80894		
			BOOKING NUMBER SHIPPER REFERENCE NO. MG06767			
CONSIGNEE (COMPLIETE NAI		9)	SALES AGENT OR ICC (Com	iplete Name, Address and Zip Code) FF	REFIGHT REAKED	
ALLEGIANCE HEALTI 3205 MERIDIAN PARI	HCARE (USAS8831) (WAY					
WESTON, FL 33331				,		
BAXTER HEALTHCAR C/O SCHNEIDER LOG PO BOX 2000 SUGAR GROVE	E (USA03930)	Elephone and fax nos.	ALSO NOTIFY, ROUTING O	R INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT				
NEGGEL VOY NO	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF OF	RIGIN		
PORT OF DISCHARGE PORT EVERGLADES, FL.		DESTINATION PORT WESTON, FL	FINAL DESTINATION OF GOO WESTON, FL	rds (not vessel)		
MARKS AND NUMBERS NO	OF 51/00	PARTICULARS FURNISHED				
W-40 XIID HOMBERS NO	OF PKGS DESCRIP	TION OF PACKAGES AND GOOD	X	GROSS WEIGHT	MEASUREMEN	
	TR/DR					
	•					
	<u> </u>					
FRT NORTHBOUND	CHARGES 1 825 DO	TOTAL	FREIGHT PAYABLE AT/BY:			
NIKER SURCHARGE AUTH FEE	1 625.00 1 125.00 1 10,00	625.00 125.00 10.00	BAXTER HEALTHCARE C/O LOGISTICS PAYMENT SERV	SCHNEIDER (USA03930) VICES		
		CHARGES: 760,00	PO BOX 2000 SUGAR GROVE IL 6055	4		
	•					
PPER LOAD AND COUNT		FREIGHT CO	LECT	COPY NON-NEGO	TABLE	
i-actor's \$500 broader, of liability per -actionary shall mark, ill as the pervise side or physic salestic Cycleps (A) or (O	i lariase Carrier's tariff promiting for \$1-apper's 1 Indice.	तिकारों कामून वेपक्रमामान भारत होताक स्थानकीयों का Climater के सार्व	RECENTED THE GOICOU OF PACKAGES BAD TO C	Contan goods here in Edintoried in Appareint of 1 be shipped as imprediptioned, and eet has not		
nd: Wateren - If Stripper declares is veltual in the space proof biocopie's corps. Declared Value &	dell, Certer's 8000 bridston per consener wil	net motify; and parties will always this Ad Valorium rate for	OR BAD SEALED PACKAGES.	AND TRANSMIPHING OF THE GOODS ARE SUBJECT TO T ROOFS ON FRE WITH THE INTERSTATE COMMERCE CO E.C.		
purpose County - 5-in Claim \$2 am the review hide as quantita Bidded's intrest surps inscended at the applicate 1 No. Insured Value \$	of aggreeath brief to deferrence below or company tribus absorbed by Guetter.	To carpo can be beauted. If campo can be braved, dhipper	Pedotal Mautime Countenan, Washington In Witness Whereof, The Carucea or Its Ass Temor and Dath, One of Which Being Accom	D.C. ENT HAB SKNID	ADNO, ALL OF THE SURE	
or Change 64 of Conditions, If the Milyanters in to be delivered. The center shall not pushe delivery of this shipment war.	f in the Consequent retired massives as A	The Adams is a second	1			
I has contact symplical langua deplaced on the sylpatonic mean	and a property of the body and of any and a state of	A-1-4 Assessment the rifts to Miles (A)	REVISED 202	BY BEASTAR LINE	110	

POWIER MEALING	MPLETE NAME, ADDRESS. A	NED INLAND / OCEAN LONG FO	TAX BOND NO.		
PO BOX 2002 MO	ARE CORD OF BO	/U05000)		BLNO.	Date:
ŀ			PROM HELENEY CO.	SJUELY261PEVO	21
CATANO PR 00982				· · · · · · · · · · · · · · · · · · ·	
			BOOKING NUMBER	β +	IIPPER REFERENCE NO
CONSIGNEE (COMPLETE N	AME, ADDRESS, AND 21P COD	HD)	MG06767		
ALLEGIANCE HEAL 3205 MERIDIAN PAR	TUDARE AIRCORN	C)	SALES AGENT OR ICC (C	Complete Name, Address and Zip Coc	(e) FRFEIGHT BROKE
WESTON ,FL 93391					
NOTIFY PARTY (COMPLETE)	NAME, ADDRESS, ZIP CODE, 1	FELEPHONE AND FAY NOS.		·	
BAXTER HEALTHCA C/O SCHNEIDER LOG PO BOX 2000 SUGAR GROVE	PF (110 a 05000)		ALSO NOTIFY, ROUTING	GOR INSTRUCTIONS	
PER SAN JUAN, PR		PLACE OF RECEIPT			
VESSEL VOY, NO	N UNITED STATES	POST OF LOADING	PORT AND ROLLED AND AND AND AND AND AND AND AND AND AN		
	1 UNITED STATES	BAN JUAN, PR	POINT AND COUNTRY OF	ORIGIN	
PORT EVERGLADES, FL.		DESTINATION PORT WESTON, FL	FINAL DESTINATION OF GO WESTON, FL	Dods (Not Vessel)	
		PARTICULARS FURNISHED	1 by cumman		
MARKS AND NUMBERS NO	OF PKGS DESCRIP				
UNIT NO:	OTTION DESCRIPTION	TION OF PACKAGES AND GOO	DDS	GROSS WEI	GHT MEASUREME
	TR/DR				
	•				
RIFF ITEM NUMBER	CHARGES				
ARIFF ITEM NUMBER C FRT NORTHBOUND	CHARGES 1 625,00	TOTAL 825.00	FREIGHT PAYABLE AT/BY:		
C FRT NORTHBOUND JNKER SURCHARGE	1 625,00 1 125,00 1 10,00	625.00 125.00 10.00	BAXTER HEALTHCARE CA LOGISTICS PAYMENT SEL PO BOX 2000	RVICES	
C FRT NORTHBOUND JNKER SURCHARGE	1 625,00 1 125,00 1 10,00	625.00 125.00	BAXTER HEALTHCARE CA LOGISTICS PAYMENT SEA	RVICES	M. S
C FRT NORTHBOUND INKER SURCHARGE AUTH FEE	1 625,00 1 125,00 1 10,00	625.00 125.00 10.00 CHARGES: 760.00	BAXTER HEALTHCARE CO LOGISTICS PAYMENT SEE PO BOX 2000 SUGAR GROVE IL 605	RVICES 554	
C FRT NORTHBOUND JNKER SURCHARGE FAUTH FEE IPPER LOAD AND COUNT	1 625.00 1 125.00 1 10.00 TOTAL 0	525.00 125.00 10.00 CHARGES: 760.00 FREIGHT CO	BAXTER HEALTHCARE CO LOGISTICS PAYMENT SEE PO BOX 2000 SUGAR GROVE IL 605	RVICES 554 COPY NON-NE	
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PPER LOAD AND COUNT PPER LOAD AND COUNT The second makes of stemp your control and of stemp your country of	1 625.00 1 125.00 1 10.00 TOTAL C TOTAL C TOTAL C TOTAL C TOTAL C TOTAL C TOTAL C TOTAL C TOTAL C TOTAL C TOTAL C TOTAL C	625.00 125.00 10.00 CHARGES: 760.00 FREIGHT CO FREIGHT CO	BAXTER HEALTHCARE CI LOGISTICS PAYMENT SEI PO BOX 2000 SUGAR GROVE IL 605 DLECT RECEIVED THE CHOCKE OF PARTICIPES AND THE CONDITION, UNCLESS OTTERWISE POLICATED. ON BALD SHALED PARTICIPES. THE RECEIPT, CUSTOON, CARAULAS, DISLAYER THE RACE MOD BLOW HERDEY, AND CARREST PRESENT, HANTISE COMMENSION, WARMINGT PRESENT, HANTISE COMMENSION, WARMINGT PRESENT, HANTISE COMMENSION, WARMINGT PRESENT, HANTISE COMMENSION, WARMINGT	COPY NON-NE COPY N	NEAT GOOD DICEST AND HAB NOT HISPECTED CONTENTS ICT TO THE TERME APPEARING OF ROSE COMMISSION AND/OR THE

SEA STAR LINE		MBINED INLAND / OCEAN LONG FOR	RM BILL OF LADING NOT NEGO	TIABLE UNLESS CONSI	GNED TO (ORDER"
SHIPPER/EXPORTER (COMI	ARE CORP. PROJ.C	SS. AND 219 CODE!	TAX BOND NO.	BL NO. SJUELY261JA		Date: 05/14/02
ROAD #5 KM 27.4 EX EXPRESO DE DIEGO	X I	(SJU57279)	EXPORT REFERENCES	. , , , , , , , , , , , , , , , , , , ,	WOIL	00117104
CATANO, PR 00962), PALMAS		DOC#: RV80889 BOOKING NUMBER			
			MG06765		SHIPPER RV8088	REFERENCE NO
CONSIGNEE (COMPLETE NAM	ME, ADDRESS, AND ZIP	CODE)	SALES AGENT OR ICC (COI	moleta Name. Address and 7		
MG-WAUKEGAN DC (2101 WAUKEGAN RO WAUKEGAN, IL 80085	DAD 5			tipioto i tame,	φ (coo)	TEIGHT BRUNEN
NOTIFY PARTY (COMPLETE NA BAXTER HEALTHCAR C/O SCHNEIDER LOG PO BOX 2000 SUGAR GROVE	RF (LISADSDSO)	DE, TELEPHONE AND FAX NOS.	ALSO NOTIFY, ROUTING OF	R INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT				
	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, FR	POINT AND COUNTRY OF O	RIGIN		
PORT OF DISCHARGE JACKSONVILLE, FL		DESTINATION PORT JACKSONVILLE, FL	FINAL DESTINATION OF GOO WAUKEGAN, IL	ODS (NOT VESSEL)		
		PARTICULARS FURNISHED	D BY SHIPPER		-	
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES	S AND GOODS	GROS!	S WEIGHT	MEASUREME
UNIT NO: UXXU481039 SEAL 1: 0032273	1 45HC STC: 44 PALLETS , 1577 PIECES MEDICAL DEV				12,803	
			·			
SHIPPER LOAD AND CO		FREIGHT C		COPI	Y NON-NE	GOTIABLE
terror's those Summan of Adolfy per periodoes shall apply, or it and the reverse side or shipper solution Cystems (A) or (B) b	rama Carrier's wiff populars for Shippi selper	DAT'S WHENEX COSTS INSCRIPCE WITH Blooks approving in Clauses 25 and	FREIGHT BAXTER HE	EALTHCARE C/O SCHN	VEIDER /U	
nd Valenni v if Skipper decision a value in the spece provider Philosof's parge. Decisioned Vinture.	ed, Cartier's \$800 Environment pay container	er will real equity, and earner will charge the Ad Valuran rate for Disposer's component be trusteed. If cargo can be insured, disposer	PAYABLE AT/BY: LOGISTICS PO BOX 200	PAYMENT SERVICES		,
			TO A POSSIP PO HARMON AS A DESTROY AND			
of its Charge did of Conditions, if the abigment is it his defined work. The earlier shall red make delivery of this observed with	ad in the Consignar without recourses on hand payment of today's and all other saw	er केंद्र व्यवस्थितक, केंद्र प्रकाशकारक क्षेत्रकों क्षेत्रक केंद्र किल विकास क्षेत्रकों केंद्र केंद्र विकास क अध्यक्षकार किलावार केंद्र क	TARIFFITEM NUMBER OC FRT NORTHBOUND BUNKER SURCHARGE	1 1,250.0	00	1,250.00
NEO THE GOODS OF PACKAGES RAID TO CONTAIN O NIVIDE HEXCATED, TO BE OFFICED AS MERSIN PROVI ECELT, CARTODY DANIELD ON MINE AND	SGOOD HERS IN MENTIONED IN AD	PARENT GOOD ORDER AND CONDITION, URGER	PT AUTH FEE	1 125.0 1 10.0		125.00 10.00
HEARDS AND CARRESS TARISES ON FILE WITH THE NOTON O.C.	enterbyats colamerce colabis	MLECT TO THE TOTAL AFFEARING ON THE FACE AND ISSIGN AND/OR THE FEDERAL MARTINE COMMISSION.		,		
THE OTHER	BO STAND VOID. DUIGNAL 6	oill(6) of Lading, all of this bane tenor and	I			
REVISED 202	OT					

SEA STAR LIN		MBINED INLAND / OCEAN LONG F	ORM BILL OF LADING NOT NEGO	TIABLE UNLESS CONSI	SNED "TO	ORDER"
BAXTER HEALTHCA	ARE CORP. PROIC	88. AND ZIP CODE	TAX BOND NO.	BL NO. SJUELY261JA		Date: 05/14/02
ROAD #5 KM 27.4 E EXPRESO DE DIEG	X i	(53057279)	EXPORT REFERENCES	. 100022120107	O(O) I	00/14/02
CATANO, PR 00962	O'LVENING		BOOKING NUMBER			
			FW06706		RV808	REFERENCE NO.
CONSIGNEE (COMPLETE NA	ME, ADDRESS, AND ZIP	CODE)		omplete Name, Address and Z		
MG-WAUKEGAN DC 2101 WAUKEGAN RO WAUKEGAN, IL 8008	DAD)		Angrose Marie, Acquess and 2	npuodej F	KEIGHT BROKER (
NOTIFY PARTY (COMPLETE N	AME, ADDRESS, ZIP CO	DE, TELEPHONE AND FAX NOS.	ALED NOTICE DOLLERS			
BAXTER HEALTHCAR C/O SCHNEIDER LOG PO BOX 2000 SUGAR GROVE	RE (USACIOAN)		also notify, routing o	or instructions		
PIER SAN JUAN, PR		PLACE OF RECEIPT				
VESSEL YOY, NO	FLAG		POINT AND COUNTRY OF C	\$(40°)\$\(\frac{1}{2}\).		
EL YUNQUE 261 N	UNITED STATES	PORT OF LOADING SAN JUAN, PR	TOWN MID COOMING OF C) RIGIN	,,,,,	
PORT OF DISCHARGE JACKSONVILLE, FL		DESTINATION PORT	FINAL DESTINATION OF GO WAUKEGAN, IL	ODS (NOT VESSEL)		
		PARTICULARS FURNISH				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGE	S AND GOODS	GROSS	WEIGHT	MEASUREMEN
UNIT NO: UXXU480527 SEAL 1: 0032297	1 45HC	STC: 44 PALLETS , 1987 PIEC	CES MEDICAL DEVICES		16,796	IN SOUNCE
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		,				
SHIPPER LOAD AND CO	NUNT	PT 200 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1	
		FREIGHT		COPY	NON-NE	GOTIABLE
Videram - If Shipper ducliman is visite in the space provides (paint's course.	made Coffiel's built provides for (Phippe Silve). 4. Carrier's \$200 instances per container	are judicant could assert course and charge the Ad Valores have for	FREIGHT BAXTER H PAYABLE AT/BY: LOGISTICS PO BOX 20	EALTHCARE C/O SCHN PAYMENT SERVICES 100	EIDER (U	(SA03930)
ofered Value After Consequer - New Owners SS on the reverse and and a result distinguish interest output installation as the expensation [3 No	ne-American Incyl to determine whether Sty nines stronged by Cerrier.	Open's cargo cars has insured. If harge cars he insured. Ohiopen	SUGAR GR	ROVE IL 60554		
	of to the Constitute with the		TARIFF ITEM NUMBER	CHARGES	7	OTAL.
		Signature of Gorelpror	OC FRT NORTHBOUND BUNKER SURCHARGE	1 1,250.0 1 125.0		1,250.00 125,00
ed the goods of packages said to dontain of hist sociated, to be exercid as herein provi hert, clotody, garbage, gelyery, and trake and by, and carriers tarned on the with the	oods here in mentioned in app Ded. Garrier has not inspecte standing of the goods are bus interstate ordans.	Arent cood grider and condition. Unless 30 Contibute of Bad Bealed Packaces. Light to the terms afternio on the Face and once and the composition of the composition.	PT AUTH FEE	1 10.00	0	10.00
OTON D.C. BBG WHEREUF, THE CAMPIER OF ITO ACCENT MAIL IN RE OF WHICH BEING ACCOMPLISHED, THE OTHERS THE OF WHICH BEING ACCOMPLISHED, THE OTHERS		should the federal manuface commission, flur) of Lading, all of the bang tenor and				,
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REVISED 2/02						1

FOR INTERMODAL TRANSPORT FOR PORT TO PORT SHIPMENT FOR PORT TO PORT TO PORT OF B/L CONSTRUCTION OF BAXTER HEALTHCARE CORP BOUNDED BOOKING NUMBER EXPORT DEC. BOILS TELL WAY SUITE 300 JACKSONVILLE, FL 32216	MAVIERAS	7	,		gran	A CIMATA			
RAYTER HEALTHCARE CORP RIPTOROUS SHIPPERNO DE DICO DE CORPORA CONTROL DE CONT	NPM, Inc.	110	ST FAX BILL OF	LADING P			L WAY S	UITE 3	00
SHPPER PROCESSION PROCESSIO	•	FOR INTER	MODAL TRANSPORT	Check One Bo		KSONVILLI	5, FL 3	2216	
BAYTER BEALTHCARE CORP RD 5 KM 27 4 EXT EXPRESO DE DIEGO BO PAIMAS CATANO PR CASSINAFI (CAMPI FIFMANS ADDRESS) CONSINTE (CAMPI FIFMANS ADDRESS (CAMPI FIFMANS ADDRESS ADD	SHIPPER EXPORTER (COMPLE	TENANS	TOPORT SHIPMENT		(GPACES E	ELOW FOR SHIPPER	RS MEMORAND	A ONLY) - NOT	PART OF B/L OON
END 5 MM 27 4 EXT EXPRESO DE DIEGO BO PAIMAS CATARIO PR ZIPCODE BAXTER HEALTHCARE CORPO COSSINIENO COSSINIEN	BAXTER HEALTER	CADE CODI	ESS)		BOOKING NU	MBER			
EXPERSO DE DIEGO BO PAIMAS CATANO PR D0962	RD 5 KM 27 4	EXT		BU1554535					
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ANTER HEALTHCARE CORP CONSIGNEERO B01554453 SOCIETY HIGHWAY 99 NY 12549 EPOCHT REFERENCES POR 2000 SUGAR GROVE IL 60554	CATANO			70.000	1				
CONSIGNEED CONTROL OF STATE ADDRESS CONTROL B0155453 B01574000 B0155453 B0155453 B01574000 B0155453 B0155453 B01574000 B0155453 B01574000 B0155453 B01574000 B0155453 B01574000 B0155453 B01574000 B0155453 B01574000 B01674000 B016740000 B01674000 B016740000 B0167400000 B0167400000 B0167400000 B0167400000 B0167400000 B01674000000 B016740000000000 B0167400000000000000000000000000000000000			+,+*		DAVIDED	TTENT MITCH.			
BAXTER HEALTHCARE CORP C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 NY 12549 OTHY (NAME, ADDRESS, FAXOFIONENUMBERS) UPON ARRIVAL PLEASE CONTACT P COBLAN/LUIS VEGR AT 787-275-3013 NOTIFY PTV.NO. ICHON ARRIVAL PLEASE CONTACT P CONTANIOUS VEGR AT 787-275-3013 NA O000-F. ICHONARIONG CARRIERI INTERIMOCAL SAN JUAN SEEL (SEE CL 2) VOYAGE NO FLO. HUMACAO 567N HUMACAO 567N RETURN CONTAINER BELLIZABETE ARRIERI SECEPT FARTICULASE PLINISHED BY SHIPPER: CARRIERI HAS NOT VEHICLD CONTAINER (JOSEPH CONTAINER) PROMESONS CONTAINER (JOSEPH CONTAINER) NA SUBMIT CONTAINER (JOSEPH CONTAINER (JOSEPH CONTAINER) NA SUBMIT CONTAINER (JOSEPH CONTAINER (JO	ONSIGNEE (COMPLETENAME	& ADDRESS)			TOWNTER	ADALIMCAL NETOTO TO	KE CURP	OR	
SOURCEAST HIGHWAY 99 MONTCOMERY DICHWAY 99 MONTCOMERY AND ARRIVAL PLEASE CONTACT P COBLAN/LUIS VEGA AT 10070778746ACADORES TAMPION NUMBERS UPON ARRIVAL PLEASE CONTACT P COBLAN/LUIS VEGA AT 1007077877-275-3013 10070778746ACADORES TAMPION NUMBERS 1007077877-275-3013 10070778746ACADORES TAMPION NUMBERS 100707787-275-3013 10070778746ACADORES TAMPION NUMBERS 1007077874746ADO 56778 100707787474746ADO 56778 100707787474746ADO 56778 100707787474746ADO 5677844AD 830664411 10070778747474747474747474747474747474747	BAXTER HEALTH	CARE CORE	•		PO BOX	SUUU METDEK TC	GISTIC	ა -	
MONTGOMERY	C/O ALLEGIANC	E	•				0554		
UPON ARRIVAL PLEASE CONTACT P COBLAN/LUIS VEGA AT 787-275-3013 NONTENTACE PCOBLAN/LUIS VEGA AT 787-275-3013 NONTENTACE PROPERTY OF THE PR	390 COUNTY HI	GHWAY 99			1	1011 11 0	10004		
UPON ARRIVAL PLEASE CONTACT P COBIAN/LUIS VEGA AT 787-275-3013 PLACE OF CRICIAN FORWARDING AGENT - REFERENCES FRACTION				19	EXPORT REFE	RENCES			
UPON ARRIVAL PLEASE CONTACT P COBIAN/LUIS VEGA AT FORWARDINGAGENT-REFERENCES FORWARDINGAGENT-REFE	OTIFY (NAME, ADDRESS, FAX)	PI IONE NUMBERS	3)	NOTICY PTY NO	•				
P COBIAN/JUIS VEGA AT 787-275-3013 IGNATING PARTHER-INTERMODAL SAN JUAN SEL (SEE CL 2) VOVAGE NO FLAD PORT OF LOADING SEL (SEE CL 2) VOVAGE NO FLAD PORT OF L	TIDON ADDITONT	DIESCE A		11.01.11.11.11.11.11.11.11.11.11.11.11.1	B/L#RV8	0564			
N/A OOOO-F. ICHANTRO CATTHER-INTERIMOPAL SSEL (SEE CL 2) VOYAGE NO. FLAG FORT OF LOCATION OF THE CATTAIN OF	P CORTAN/LITE	PLEASE C	ONTACT		FORWARDING	AOENT DEEDD	NOTO.		
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Case 1:05-cv-00245-JJF-LPS Document 151-26 Filed 12/07/2007 Page 15 of 21

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CONSIGNEE (COMPLETENAME & A BAXTER HEALTHCA	IDDRFSS)		CONSIGN		C/O SCH	NEIDER	LOGIST	CICS		
*****CROSSDOCK*	******	****	B0155	4404	PO BOX	2000				
4835 MENDENHALL	RD				SUGAR G	ROVE IL	60554	ļ		
MEMPHIS		TN 3814	11		EXPORT REFE	RENCES				***************************************
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P COBIAN/LUIS V 787-275-3013	VEGA ON	ARRIVAL			FORWARDING	AGENT DEED	DENOCO		···	
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JACKSONVILLE CARRIER'S RECEIPT		MEMPHIS		i				l r	- Bree	[7]
	OF PACKAGES	PARTICULARS	FURNISH	HED BY	SHIPPER - CA	RRICR I IAS NO	OT VERIFICI	CONTENTS	ORW	EIGI IT OF
	857	MEDICA		POOLIN INC	NS OF GOODS	NOT PART OF B	L GROS	S WEIGHT (KI	00)	MEASUREMENTS
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S/ 026054								TIP		CF
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										51 PCS
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5#/CF+, W/ 011 SOLUTIONS, 1 BAGS IN BXS	OR W/G	SOL. (NMF5	679 0 -	2 CL	100)		. —			
BAGS IN BXS	/PKG 9	7 (NMFC 593	1100AG	CT S S	,IN PLAS	S BAG W	/IN PI	as	:	230 PCS
OZO DWG9/PMANEC	XXS/PO	ICHES DIAG	TT 1	67 /TATEST	a list / mm	יאט אט	TO THE			15 PCS
BXS/CRATE/P	KGS 23:	11/2432 (NM	F 204	80-3	CLS 60)	. 011 011				
155 DRUGS, CHEM \$2.30/# (NM	ILCUTE!	MEDICINES	& OTH	er ar	TICLES,	RVNX				80 PCS
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IMPORTANT: See Clause 6 ERMS: ➤ □ PHEPAID □ □	OU FOR	THESECOMMODOTI	ESLICENSED	BYUS FOR	ULTIMATEDESTIN	MATION	DME	SIONOONTRA	PATOL	IS LAW PROHIBITED
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B/L contract. The Car is appresentation regarding contents, weight or measure.	AF realess							1		
TICE. BE SURE TO READ THE TERMS CE	THIS PILL OF						1			
ING CONTRACT CONTINED ON REVERSES										
R ORIGINAL INLAND/OCEAN BILL OF LADI	NG.						•	-		
, INC. ON BEHALF OF	THE MASTER	•								
OF LADING NO	ALE:			1						
380-5647882	04/30	N/B PIC	KUP	E Trans	port" TOTAL C	HARGES >				

04/30/02

380-5647882 PAGE: 001 OF 001

MAVIERAS				SEA STAR		
		T FAX BILL OF			TEL WAY SUTII	300
MFM, INC.	FORINTERA	MODAL TRANSPORT	Check One	TRATEGORITA	LLE, FL 32216	5
OLUBBIED ENGLOPTED (OOLUB)		TO PORT SHIPMENT				- NOT PART OF B/L CONTRACT
SHIPPER EXPORTER (COMPLETE BAXTER HEALTHCA	NAME & ADDRE	:SS)	SHIPPERNO		EXPORT	EC.
RD 5 KM 27 4 EX			B015545 CREDITNO.	35 MA565N-0610 BILL TO:		
EXPRESO DE DIEG		T.M/A S	Official NO.	BILL TO:	D10072	DA -DAM
CATANO		PR	ZIP CODE			
		***	00962	BAXTER HEALTHO	מספפסט אפגיי	
CONSIGNEE (COMPLETENAME & A	ADDRESS)		CONSIGNEE			
MEMPHIS REL			B015545	48 PO BOX 2000		
C-O ALLEGIANCE		·		SUGAR GROVE II	60554	
4835 MENDENHALL	RD					
MEMPHIS		TN 381:	15	EXPORT REFERENCES		
NOTIFY (NAME, ADDRESS, FAX/PLIC	ONE NUMBERS)	·	NOTIFY PTY.	NO.		
P COBIAN / LUI	S VECA			RV80649		
787-275-3013	D ATIGM		<u> </u>	FORWARDING AGENT - REF	ERENCES	FMC NO.
						,
ORIGINATING CARRIER - INTERMO	DDAL	PLACE OF ORIGIN - I	NTERMODAL	CITY, STATE AND COUNTE	RY OF ORGIN	
VECCEI (OFF OL STREET		SAN JUAN	<u> </u>	CATANO , PR C		
VESSEL (SEE CI. 2) VOYAGE NO.		PORT OF LOADING		VESSEL TERMINAL		
MAYAGUEZ PORT OF DISCHARGE	565N	SAN JUAN DESTINATION INTE		PUERTO NUEVO		
JACKSONVILLE	1		HMODAL	ROUTING FROM DISCHARGE	ETERMINAL CO	ONTAINERIZED (Vessel Only)
CARRIER'S RECEIPT	<u>L</u>	MEMPHIS	ELIBNICHER	BY SHIPPER - CARRIER I IAS N		YES NO
	OF PACKAGES	MARKS (IF CONTAIL	NERIZED) & DESC	RIPTIONS OF GOODS NOT PART OF	NOT VEHITIED CONTENT B/L GROSS WEIGHT (K	
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s/ 026055						02
000 777777						
UUS KITS/SETS,	IN/OUTE	ATIENT TRE	ATMENT/C	ARE, NOI, IN BXS W	/DENS	9 3
5#/CF,W OR	TM/OUTE	L (NME 567)	900-1 CL	175)	<u></u>	
5#/CF+, W/	UR M/U	SOT. /NME	AIMENT/C	ARE, NOI, IN BXS W	/Dens	362
011 SOLUTIONS.	I.V. NU	PRIONAL/ANT	JU/9U~Z PTCOBCITT.	ANT, IN PLAS BAG	7/TN DT 30	547
DAGO IN IBA	S/PKG 47	/ I/NMRT 50:	22N <i>C</i> 77	a EE/	1	347
USS BAGS/ENV/P	CKTS/POU	JCHES. PLAS	STIC. W/	DENS SHICE OF COL	rR.	20
	TTO/ FURS	112311/2432	/ (NMH 7	NARN-1 CT. 1501	/	
155 DRUGS, QHE	MICALS	MEDICINES	& OTHER	ARTICLES, RVNX		
\$2.30/# (NI	MEC 0600	φο CL 70)				
304 GLASS, MIC	ROSCOPE	STIDE/COAR	ER, IN B	SX		18
IMPORTANT: See Clause 6	<u> </u>	MMFC 86770	CTS 10) IS FORULTMATEDESTINATION		
TERMS: ➤ □PREPAID □	COLLECT	BILL TO: ≻□	SHIPPER	FORWARDER CONSIG	NEE ONOTIFY PA	RTY Q OTHER
INSURANCE (See Tariff Reg.) YES				CESSORIAL CHARGES	PREPAID	COLLECT
Values \$ Premium	1\$					
DECLARED VALUE OVER \$500	1					
Per pkg. or unit \$ Extra Charg BECFIVED for shipment, in external apparent grouds	ye \$					
the containers, other packages or units listed in the "c	Carrier's Receipr					
said by the Shipper to contain the goods describe Furnished by Shipper", which Particulars, inclu	ding weight and					
measurement, have not been verified by the Camera this B/L contract. The Cam	and are not part of					
no representation regarding contents, weight or me	asurement.					
NOTICE. BE SURE TO READ THE TERMS OF LADING CONTRACT CONTINED ON REVERSE	ESIDE ORTAIN					
SIGNATURE OF CARRIER ON THIS COPY A YOUR ORIGINAL INLAND/OCEAN BILL OF LAD	ND RETAIN AS					
The second secon					1	
NPR, INC. ON BEHALF O	F THE MASTER					
2011 OCLADING NO					ļ	
NAVA	DAIL:	□NB PIC	CKUP TE	Transport TOTAL CHARGES	.	
380-5647974 PAGE: 001 OF 001	04/30	1/02				
FAGE: 001 OF 001					IMPORTANT I READ CLAUS	ES ON REVERSE SIDEL 1

MAVIERAS	007 -		SEA STAR		
	OST FAX BILL O	F LADING	REMAT 100 BELL	TEL WAY SU	TIE 300
FOR PO	TERMODAL TRANSPORT PRTTO PORT SHIPMENT	Check One Bo	x 10 JACKSONVI	LLE, FL 32	216
SHIPPER EXPORTER (COMPLETE NAME & AD	DBESS	<u>, L.J </u>	(SPACES BELOW FOR SI	IIPPERS MEMORANDA	ONLY) - NOT PART OF B/L CONTRAC
BAXTER HEALTHCARE CO	RP	SHIPPERNO.	BOOKING NUMBER MA.565N-0600	EXP	ORT DEC.
RD 5 KM 27 4 EXT		CREDIT NO.	BILL TO:	D10072	
EXPRESO DE DIEGO BO	PALMAS		7.0.	D10072	DJ -DJM
CATANO	PR	ZIP CODE			
		00962	BAXTER HEALTH	מממט שמגט	n.
CONSIGNEE (COMPLETENAME & ADDRESS)		CONSIGNEE NO.	C/O SCHNEIDER	LARE CURFU LOCIETICE	
BAXTER HEALTHCARE CO	₹₽	B01554496		TOGISTICS	tion are ten tent and
CHARLOTTE DC, C/O ALI	LEGIANCE		SUGAR GROVE I	T. 60554	
3031 NEVADA BLVD					
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IIDAN ADDITAT DEBAG		1.10.	RV60647		
UPON ARRIVAL PLEASE P COBIAN/ LUIS VEGA	CONTACT	L	FORWARDS LOSS TO THE		
787-275-3013			FORWARDING AGENT-REI	FERENCES	FMC NO.
707-273-3013					l
			I		
ONIGINATING CANNIEN - INTERMODAL	PLACE OF ORIGIN - I	NTERMORAL			
,			CITY, STATE AND COUNT		
/ESSEL (SEE CI. 2) VOYAGE NO. FL/	G PORTOFLOADING		CATANO , PR C	CAR	
MAYAGUEZ 565N		,	VESSEL TERMINAL		
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CARRIER'S RECEIPT	PARTICUL ARS	FURNICHED DY	SHIPPER - CARRIER I IAS	NOT VEDICIED CON	YES NO
ONTAINER NO. AND SEAL (OR MARK IF NO OF PACKAGE BREAK BULK)	S HM MARKS (IF CONTAIL	NERIZED) & DESCRIPT	TIONS OF GOODS NOT PART OF	B/L GROSS WEIG	HT (Kiloo) MEASUREMENTS
GESO400331-6 1/60	MEDICA	L PRODUCTS		22378	
1X45HV PC:	5			22070	LB CF
S/ 026056					
009 KITS/SETS IN/OUT					
009 KITS/SETS, IN/OUT	OT AND EST	ATMENT/CAF	RE, NOI, IN BXS W	/DENS	120 PCS
5#/CF,W OR W/O S 010 KITS/SETS,IN/OUT 5#/CF+ W/ OR W/	PAUL 201:	AUMOSYMI (CP. 1	.75)		
5#/CF+, W/ OR W/	O SOL /NME	SETONITICAL	CE'NOI'IN BX2 M	/DENS	770
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UOO BAGS/ENW/PCKES/P	OUCHES DIAS	アナペー なび ノカヤ	NTC OH /OH OD OD!	rr	
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OTAL NUMBER OF PKGS OR UNITS IMPORTANT: See Clause 6	(NMFC 86770	CLS 70)			
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s B/L contract. The Carrier main representation regarding contents, weight c. measurement.					
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DING CONTRACT CONTINED ON REVERSE SIDE, OBTAI SNATURE OF CARRIER ON THIS COPY AND RETAIN A	N S				
NUR ORIGINAL INLAND/OCEAN BIL! OF LADING.	-				
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H, INC. ON BEHALF OF THE MASTE	₹				
LOFIADING NO NAVA. DALE:				 	
A44.4.2".	30/02 DNB PIC	KUP E Tra	nsport TOTAL CHARGES >		
PAGE: 001 OF 001	20/ 0 %			<u> </u>	
MM # NPR, INC 1997				II IPORTANTI READ CL	AUSES ON REVERSE SIDE, 1

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HIPPER EXPORTER (COMPL BAXTER HEALTE	ICARE COR	RESS) P	SHIPPERNO.	BOOKING NUMBER		RT DEC.
RID 5 KM 27 4	EXT	•	B0155453 CREDITNO.	5 MA565N-0590 BILL TO:		
EXPRESO DE DI	EGO BO PA	ALMAS		DICE TO.	D10072	TL -TLC
CATANO		PR	ZIP CODE			
		•	00962	BAXTER HEALTH	CARE CORPOR)
ONSIGNEE (COMPLETENAM			CONSIGNEENC	C/O SCHNEIDER	LOGISTICS	
GRAND PRAIRIE C/O ALLEGIANO			B0155457	2 PO BOX 2000		
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GRAND PRAIRIE		TX 750!	E0	EXPORT REFERENCES	· · · · · · · · · · · · · · · · · · ·	
OTILY (NAME, ADDRESS, FAX						
		•	NOTICY PTY. NO	BIH DIVORGANO		
UPON ARRIVAL	PILEASE C	ONTACT		BL# RV8064\$ 0	7-10-02	
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ESSEL (SEE CI. 2) VOYAGE N	O. HAG	PORT OF LOADING	<u> </u>	CATANO , PR (AR	
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CAPRIER'S RECEIPT		PARTICULARS	S FURNISHED D	Y SHIPPER - CARRIER HAS	NOT VERIEIED CONTI	NTS OR WEIGHT OF
INTAINER NO. AND SEAL (OR MARK IF BREAK BULK)	NO OF PACKAGES	The transfer to CONTRAIN	MENIZED) & DESCRIP	TIONS OF GOODS NOT PART OF	B/L GROSS WEIGH	T (Kilon) MEASUREMENTS
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asurement, have not been verified by the Ca	earler and are not part of Carrier makes	ĺ				
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, INC. ONBEH	LF OF THE MASTER					
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380-5647436 AGE: 001 OF 001	U4/3	30/02				
M # NPR, INC 1997	,				IMPORTANT I READ CLA	USES ON REVERSE SIDE. 4

MAVIERAS	НО	ST FAX BILL O	F I ADING	PLEASE		STAR			
NPA, Inc.	FORINTER	MODAL TRANSPORT	1321	HEWIT	TUU	BELL TEI SONVILLE	L WAY SU	TIE 3	300
	FORPORT	TO PORT SHIPMENT	. Check C	JUC ROX	SPACES SEL	SON A LTITE	3, EL 32	:ZT0	
SHIPPER EXPORTER (COMPLETEN	AME & ADDR	ESS)	SHIPPER	NO. BOO	KING NUMB	SED			T PART OF B/L CONTRAC
BAXTER HEALTHCAL	RE CORE	,	B01554		1565N-		EXP	ORT DEC.	
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CONSIGNEE (COMPLETENAME & AL	DDRFSS)		CONSIGNE	ENO C/C	LERG	EALTHCAR	CORPC	R	
BAXTER HEALTHCAF	E CORP	•	B01554	-, -	DOT O	EIDER LO	GISTICS	,	
C/O ALLEGIANCE			1010104		BOX 2				
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HAMMOND		LA 704	O 4	- FV00	OT DECEN	-112.6-2			
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P COBIAN/LUIS V	TE CIN		1	RVB	0645			,	
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PRIGINATING CARRIER - INTERMOL	IAC IAC	DI ACE OF ODIONA		<u> </u>					
,		PLACE OF ORIGIN -		AL CITY,	STATE AN	D COUNTRY OF	FORGIN		***************************************
ESSEL (SEE CI. 2) VOYAGE NO.		SAN JUAN	<u> </u>	CA:	rano ,	PR CAR	•		
1 /2 van		PORT OF LOADING		VESS	L TERMINA	v.	······································	····	····
ORT OF DISCHARGE	565N	SAN JUAN	<u> </u>	PU	ERTO N	UEVO			
	. !!	DESTINATION INTE	RMODAL	ROUT	NG FROM D	ISCHARGE TER	MINAL	CONTA	AINERIZED (Vessel Only
JACKSONVILLE CARRIER'S RECEIPT		HAMMOND						1 3c	ES CINO
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PRMU650965	PACKAGES	11. 40111111	TENIZED) & DEC	CHIP HONS OF	GOODS NO	T PART OF B/L	GROSS WEIG	HT (Kilos)	MEASUREMENTS
1X45HV	1304	MEDICA	L PRODU	CTS			20007		0.00
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000 KTTG/GPMG T	37 /07-								
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5#/CF,W OR	W/O SO.	L (NMF 567	900-1 C	L 175)	•	v,, 	T]
OTO MITTO/OF IN	N / () () () ()	AMTTININ MINI	* **** /		I.IN	BXS W/DF	NS	651	
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BAGS IN BXS	/PKG 97	7 (NMFC 593	380-6 C	LS 55)				, 00	1
					15/CF	OR GRUB	TN	10	
BXS/CRATE/PI 450 ARTICLE, PLI 8#/CF (NMF	KGS 231	L1/2432 (NN	Œ 2048	0-3 CLS	60)	011 01111	7	1.0	
450 WKTICIE, PI	astic/f	RWBBER, O/I	EXPANI	DED/FOA	M. W/I	ENS 6#/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
8#/CF (NMF	15660 q -	5 CLS 125)			/ 13/ 4	TAID ON!		٥	
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NC. ON BEHALF OF T	HE MASTER	***************************************							
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